Job Feedback/Historical Notes:



ENSURE THAT THE REQUIRED PPE IS WORN FOR EVERY JOB YOU ARE DOING. IF YOU HAVE ANY QUESTIONS CONCERNING THE WORK RULES, SAFETY CODES, OR REQUIRED PPE, PLEASE CONTACT YOUR SUPERVISOR.

Job Feedback/Historical Notes

CREW: 157 WORK ORDER TYPE: PD REPAIR 02-60456-26 ISSUE DATE 01/06/11 Page 2 Of 2

** Work Order Parts List **

Part No	Description	PO/Req/SIR	Date Due	U/M	Reqd	Commit	Issued/Rcvd
1 DIRECT	BEARING, FLANGE, SOLID-LUBE LT700, 4-BOLT FLANGE, 1-3/4" SHA	03-30887	04/22/03	EA	8	0	8

IP7_037388